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January 26, 2016

The Honorable Orrin Hatch
United States Senate
Washington, DC 20515

The Honorable Ron Wyden
United States Senate
Washington, DC 20515

The Honorable Johnny Isakson
United States Senate
Washington, DC 20515

The Honorable Mark Warner
United States Senate
Washington, DC 20515

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Healthcare Information and Management Systems Society (HIMSS) is a global, cause-based, not-for-profit organization focused on better health through information technology (IT). HIMSS leads worldwide efforts to optimize health engagements and care outcomes using information technology and health IT thought leadership, education, events, market research, and media services. Founded in 1961, HIMSS encompasses more than 61,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations across the globe, plus over 640 corporations and 450 not-for-profit partner organizations, that share this cause.

HIMSS appreciates the opportunity to provide feedback on the Chronic Care Working Group's Policy Options Document ("Options Document") and strongly supports the Working Group's ongoing solicitation of stakeholder input to inform policy development to improve the health care of Medicare beneficiaries with chronic conditions. Health IT is a critical tool in helping to achieve many of the goals originally cited in the Working Group's request for feedback last year, including increasing care coordination among individual providers across care settings treating patients living with chronic disease, facilitating the delivery of high quality care, improving transitions, producing stronger patient outcomes, increasing efficiency, and reducing growth in spending. HIMSS is pleased to see the important role of technology reflected in many of the Options Document's "policies under consideration" and offer our feedback.

RECEIVING HIGH QUALITY CARE IN THE HOME

EXPANDING ACCESS TO HOME HEMODIALYSIS THERAPY:

HIMSS supports the proposed policy that would enable beneficiaries who are undergoing home dialysis therapy to utilize telehealth services to meet the monthly clinical assessment requirement, regardless of geographic location. Expanding qualified originating sites to include free-standing renal dialysis facilities, and removing the geographic restrictions of qualified originating sites, will allow more patients to realize the benefits of home dialysis through greater use of telehealth services. While we recognize the importance of monthly assessments, we believe telehealth visits can provide an appropriate substitute for in-person visits.

On the question of whether the home should be considered an originating site for the limited purpose of patients undergoing home dialysis therapy, we support this proposal. We believe

allowing patients to engage in a telehealth visit from the safety and comfort of their home will improve the quality of care and communication between beneficiary and provider, and further enhance the benefits of home dialysis. There is already precedence for allowing the home to serve as an originating site for the purposes of a telehealth visit, as CMS included this policy in the recent rulemaking on "Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services."

ADVANCING TEAM-BASED CARE

IMPROVING CARE MANAGEMENT FOR INDIVIDUALS WITH MULTIPLE CHRONIC CONDITIONS:

Patients living with multiple chronic conditions are most at risk for high-cost health care services, such as increased hospitalizations and emergency room visits. Often, as the number of chronic conditions a patient has increases, so do the risks and associated costs. Understanding this, CMS established in the 2015 Physician Fee Schedule a chronic care management CPT Code (99490), for non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple (2 or more) chronic conditions. However, the specific needs of each patient living with multiple chronic conditions can vary widely, and as the Working Group acknowledges, the current structure and reimbursement rate of the existing code (99490) may be insufficient to deal with the more complex cases. We support the proposed new high-severity chronic care management code, which will be used to reimburse practitioners for the necessary time and resources associated with chronic care management.

General Comments:

- For a variety of reasons, including onerous documentation requirements and lack of awareness on the part of providers, utilization of the current CCM code has been low. When examining requirements for the new, high-severity code, in order to maximize utilization (and thus the benefits of this code), consideration should be given to policies aimed at reducing provider burden and increasing awareness.
- Remote patient monitoring and patient-generated health data (PGHD) are increasingly used to improve care, reduce hospitalizations, and avoid complications, particularly for the chronically ill. HIMSS acknowledges the importance of CEHRT to achieve the goals of improving care, lowering cost, and improving health for everyone in an interoperable health system. However, HIMSS notes that there is a suite of technologies which assume a role in furnishing Chronic Care Management (CCM). These technologies include digital health platforms which are not directly certified health IT technology. However, these digital health technologies may be certified by other organizations. The Continua Design Guidelines - which comprise a founding member of the Personal Connected Health Alliance- for example, allow for consumer health technologies to connect information and transport data between systems using established industry standards. As such, HIMSS believes greater utilization of remote patient monitoring of PGHD should be encouraged/incentivized to most effectively deliver quality chronic care management. In developing the reimbursement rate for the new high severity code, consideration should be given to the added medical practice expenses associated with acquiring, maintaining, and upgrading technology to support remote patient monitoring.

Responses to Specific Questions:

- Patient criteria: We believe that the eligibility requirements for the new code should be based on objective criteria, rather than a subjective decision by the provider or an arbitrary number of conditions. For instance, consideration should be given to the risk posed by a patient's specific condition(s). Raising the required number of conditions could contribute to the current

problem of underutilization, and would likely have the effect of further discouraging use by practitioners.
- Methodologies to measure the impact, effectiveness and compliance: See "Developing Quality Measures for Chronic Conditions"
- Questions as to the permanence of the new code: In order to most effectively implement and incentivize utilization of this code, we would suggest that this new code be temporarily instituted while giving the Secretary authority to continue, discontinue, or modify the code.

EXPANDING INNOVATION AND TECHNOLOGY

INCREASING CONVENIENCE FOR MEDICARE ADVANTAGE ENROLLEES THROUGH TELEHEALTH:

HIMSS supports the policy under consideration that would permit Medicare Advantage (MA) plans to include certain telehealth services in their annual bid amount. We encourage the Working Group to remove barriers to telehealth services for MA plans that exist in the traditional Medicare program. Policies should include:

- Eliminating the restrictions contained in Section 1834(m) of the Social Security Act that greatly limit patient and provider access to telehealth technologies;
- Expanding the types of technologies that can be utilized;
- Expanding allowable sites (beyond hospitals) where telehealth services can be rendered (e.g., long term and post-acute care facilities, behavioral health services and remote patient monitoring for chronic care).

PROVIDING ACOS THE ABILITY TO EXPAND THE USE OF TELEHEALTH:

HIMSS appreciates the Working Group addressing the restrictions placed on payment for telehealth services under the Social Security Act Section 1834(m). Current Medicare restrictions based on technology modalities (stipulation that telehealth requires real-time, interactive voice and video, no "store-and-forward" technologies), geographic location, and originating site requirements, among others, continue to inhibit access to new and innovative technologies that can improve quality, enhance care coordination and lower costs for Medicare patients.

In addition, we support the proposed policy that would waive geographic restrictions for originating sites for Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (MSSP) two-sided risk models, and would also encourage eliminating the originating site requirement entirely, allowing for the home to serve as an originating site. For example, these restrictions place undue burdens on beneficiaries who are unable to leave the home for a number of reasons, such as severe depression and mobility-impairing conditions.

While HIMSS supports this limited expansion of telehealth for two-sided risk model ACOs, we would additionally request that these restrictions be lifted for all participating ACOs. Further, we urge consideration of greater allowances for other alternative payment models (APMs) in the Medicare program to allow for greater utilization of innovative technologies in care delivery. For example, APMs could be granted waivers for from the restrictions of 1834(m) and flexibility to provide remote monitoring services to beneficiaries with certain chronic conditions. Such waivers would allow APMs to play a leading role in demonstrating the value and ability of telehealth and remote patient monitoring services to expand access to efficient, high-quality care in both rural and urban settings. Further, CMS released a notice of proposed rulemaking (NPRM) in December of

2014.[1] In the NPRM, CMS requested comment on the ability to establish a waiver program for the use of telehealth in "track 3" shared savings programs. In the final rule, CMS ultimately declined to grant the use of telehealth waivers within any track in the program. We encourage the workgroup to further understand the agencies current approach and limitations to providing organizations the capability to deploy technology to sufficiently manage their risk and patient populations.

EXPANDING USE OF TELEHEALTH FOR INDIVIDUALS WITH STROKE:
We support the proposed policy that would eliminate the originating site geographic restriction for the purpose of promptly identifying and diagnosing strokes.

IDENTIFYING THE CHRONICALLY ILL POPULATION AND WAYS TO IMPROVE

DEVELOPING QUALITY MEASURES FOR CHRONIC CONDITIONS:
General Comments:
Core to the HIMSS mission is promoting the use of health IT to improve the quality of healthcare delivery while ensuring that data collection is not an overly burdensome part of a workflow. HIMSS recommends that any quality measure should be tested and validated to meet the following criteria before being included in the menu eCQM set for any CMS quality reporting and/or value based purchasing program:

- For chronic care measure reporting, the measure must accurately reflect the quality of care delivered.
- Chronic care measurement reporting should minimize the implementation and data collection burden on providers by using information already collected for care, reducing the introduction of new workflows.
- For clinical quality measures for chronic care and clinical quality measure data to be useful, that is to be able to be used by providers to enhance care delivery and ultimately improve patient care outcomes. The eCQMs should be relevant to the actual goal of quality improvement within a care delivery organization.

Specific Comments:
HIMSS supports the topic areas identified in this section and, in particular, the need to for metrics to assess patient and caregiver engagement and care coordination for patients with chronic disease. We would further encourage the Working Group to consider metrics that address additional infrastructure elements – including health information exchange and advanced analytics capabilities - necessary to improve care and outcomes for Medicare patients with chronic conditions.

Broadly speaking, care coordination is intended to engage, and create collaboration between all those who have a role in a patient's diagnosis, treatment, and management. A focus on both coordination and collaboration across multiple care settings and providers – Continuity of Care - is particularly important in the context of patients with chronic conditions. Health IT is a critical enabler of better continuity of care for this patient population, ensuring that the right information follows the patient and their caregivers to inform better care decisions. Health IT also provides a mechanism for patients and caregivers to have access to information and engage as active members of the care team.

[1] Department of Health and Human Services CMS, Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations, 79 FR 72759 (Dec. 8, 2014).

Addressing barriers to continuity of care requires ongoing assessment of the effectiveness of the capabilities required to support it. To support this assessment process, HIMSS Analytics developed the Continuity of Care Maturity Model (CCMM). The CCMM model focuses on four key areas - effective health information exchange, coordinated patient care, advanced analytics and patient engagement. The CCMM model escalates the capabilities in each of these areas as providers progress. The CCMM model is unique in that it allows for assessment of success in continuity of care across providers responsible for caring for a patient with chronic conditions.

EMPOWERING INDIVIDUALS AND CAREGIVERS IN CARE DELIVERY

EXPANDING ACCESS TO DIGITAL COACHING:

As patients and their caregivers manage advice, care plans, medications, appointments, and therapies from multiple providers, patient education becomes paramount. In addition to more traditional sources of information (such as Medicare.gov), HIMSS believes that innovative technologies have an important role to play in ensuring patients have access to health management and financial resources. Technologies that support this include:

Health Management	Supports functions including patient engagement, patient/provider family communication, shared decision making, care planning, etc.	Examples: • Portals, secure messaging, video, • Shared decision-making tools, patient education functionality, patient access to records, patient generated data • Standards-based access to individual clinical and financial data • Interoperable EHRs that include or link to many of these functions
Financial Health	Supports functions including managing insurance and expenses, transparency and consumerism, patient onboarding and financial options	Examples: • Patient and provider secure access to a portal with information on cost projections for actual or proposed care

In addition, the Meaningful Use Program contains requirements related to patients' having access to both their health information as well as patient education resources. Specifically, eligible providers are required to "use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient."

Ensuring patients have the information they need to be active participants in their health and healthcare requires a holistic look at the range of information tools available. We encourage the Working Group to also consider policies that leverage health IT to achieve this goal.

OTHER POLICIES TO IMPROVE CARE FOR THE CHRONICALLY ILL

INCREASING TRANSPARENCY AT THE CENTER FOR MEDICARE & MEDICAID INNOVATION:

HIMSS strongly supports policy that would increase transparency and oversight for the Center for Medicare & Medicaid Innovation (CMMI). In particular, we believe CMMI presents an important pathway for testing and tracking effort, use, and benefits of telehealth and remote patient

monitoring. However, the transparency in the types of technologies employed in CMMI grants is lacking and there is concern amongst stakeholders that funded programs may be constrained in their ability to sufficiently scale or translate research into tangible cost savings. HIMSS believes added transparency could lead to additional focus on the role of innovative technologies by CMMI but would also encourage Congress to specifically direct CMS to properly collect and utilize data on the benefits of telehealth and RPM. The chronic care working group should ensure that CMS is leveraging – and tracking – telehealth and RPM to inform future use for beneficiaries.

HIMSS appreciates the opportunity to provide feedback on the Options Paper and role of health IT in improving chronic care for Medicare beneficiaries. We look forward to an ongoing dialogue with the Committee and Chronic Care Working Group Members to ensure the continued success of health IT as a transformational force in tackling America's healthcare challenges.

If you have questions, or would like additional information, please contact Samantha Burch, HIMSS Senior Director of Congressional Affairs, at sbburch@himss.org or 703-562-8847.

Sincerely,

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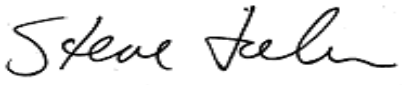

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